

Lexington Insurance Company

THE POWER OF FINANCIAL STRENGTH®

Lex Transport Plus Motor Truck Cargo/Vehicle Physical Damage Application

Application Instructions

- A. Please type or complete the application in ink.
- B. If additional space is needed, please use your firm's letterhead.

Instant Indication

A. Applicant Information

1. Applicant Company Name: _____
DBA: _____
2. Address 1: _____
Address 2: _____
3. City: _____ State: _____ Zip Code: _____
4. Effective Date: _____
5. Expiration Date: _____

B. Operations

1. Reporting Options

Motor Truck Cargo:

- Revenue Estimated \$ _____ Mileage Estimated _____

Vehicle Physical Damage:

- Monthly Report of Additions/Deletions Monthly Report of Additions/Deletions

2. Filing Information: (Docket numbers & filings required)

- File BMC 34 MC Docket # _____ or DOT Docket # _____
- File Form H in (check box and advise state(s) in remarks and state docket # if required)

3. Revenue and Values. (You must show a number for O/O. If none, enter 0)

Year	Revenue	#Power Units	Power Unit Values	% O/O	# Trailers	Trailer Values
Projected						
Expiring						
1 st Prior						
2 nd Prior						
3 rd Prior						
4 th Prior						

4. Area (states & major cities) & Radius of Operations

4.1 Show States and Major Cities Here: _____
 4.2 0 - 50 miles ___ % 51 - 200 miles ___ % 201 - 500 miles ___ % Over 500 miles ___ %

5. Years in Business: _____

- Corporation LLC Partnership Individual
 Other (explain) _____

6. Description of Operations: _____

7. Commodities Hauled

Alcoholic Beverages	___ %	Copper & Copper Products	___ %
Audio & Video Equipment	___ %	Electronic Data Processing Equipment	___ %
Cigars or Cigarettes:	___ %	Firearms & Ammunition	___ %
Drugs & Pharmaceutical products	___ %	Leather & Leather Goods	___ %
Cosmetics	___ %	Shoes	___ %
Auto parts and accessories	___ %	Wearing apparel	___ %
	___ %		___ %
	___ %		___ %
	___ %		___ %
	___ %		___ %
	___ %		___ %

D. Policy Limits

1. Policy Occurrence Limit: _____
(Any one Occurrence Motor Truck Cargo & Vehicle Physical Damage)

2. Motor Truck Cargo: *(Limits)*

- \$ _____ Per "Vehicle"
 \$ _____ Per Occurrence
 \$ _____ Per Scheduled Terminal
 \$ _____ Per Unscheduled Terminal

	Automatic	Additional
Pollutant Clean Up and Removal Expenses	\$10,000	\$
Debris Removal Expenses	\$5,000	\$
Freight Charges	\$5,000	\$
Contract Penalty	\$5,000	\$
Expediting Expenses	\$5,000	\$
Moving Equipment	\$2,500	\$
Newly Acquired Terminals	\$100,000	\$
Off-Board Electronics	\$2,500	\$
On-Board Electronics	\$2,500	\$
On-Board Expendable Supplies	\$2,500	\$
Reward Expenses	\$2,500	\$

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3. Vehicle Physical Damage: (Limits)

\$ _____ Per "Vehicle"
 \$ _____ Per Occurrence

4. Deductibles:

Motor Truck Cargo \$ _____ Per Occurrence except

Vehicle Physical Damage \$ _____ Per Occurrence except

E. Terminal Locations

(Show city, state and zip for each location) Attach separate sheet or enter in remarks section for additional locations. If Physical Damage Values greater than \$ 500,000 show in Remarks Section).

Street Address	City	ST	ZIP	Max Values
<input type="checkbox"/> Fence & locking gates <input type="checkbox"/> Lighted <input type="checkbox"/> Night Guard <input type="checkbox"/> 24 hour guard <input type="checkbox"/> Other-explain in remarks				
Street Address	City	ST	ZIP	Max Values
<input type="checkbox"/> Fence & locking gates <input type="checkbox"/> Lighted <input type="checkbox"/> Night Guard <input type="checkbox"/> 24 hour guard <input type="checkbox"/> Other-explain in remarks				
Street Address	City	ST	ZIP	Max Values
<input type="checkbox"/> Fence & locking gates <input type="checkbox"/> Lighted <input type="checkbox"/> Night Guard <input type="checkbox"/> 24 hour guard <input type="checkbox"/> Other-explain in remarks				

F. Loss History

1. Motor Cargo:

Year	Paid/Reserve Losses	Claim Counts				Deductible
		Total	5,001 to 10,000	10,001 to 25,000	Over 25,000	
Expiring						
1 st Prior						
2 nd Prior						
3 rd Prior						
4 th Prior						

2. Physical Damage

Year	Paid/Reserve Losses	Claim Counts				Deductible
		Total	5,001 to 10,000	10,001 to 25,000	Over 25,000	
Expiring						
1 st Prior						
2 nd Prior						
3 rd Prior						
4 th Prior						

IMPORTANT NOTICE

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

NOTICE TO LOUISIANA APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO MAINE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO MINNESOTA APPLICANTS: “A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN

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APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO OKLAHOMA APPLICANTS: “WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY” (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO TENNESSEE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.

The Applicant hereby acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant

Applicant’s Printed Name: _____

Title: _____ Date: _____

Producer Name: _____

License #: _____